

October 22, 1999

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Detroit, MI 48223-1468

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Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 250850-1076

Dear Sir or Madam:

I am writing today to comment on the "new proposed rules" governing methadone maintenance treatment. As a methadone patient who has been in treatment more than two years, I am very interested in how this proposal will impact myself and other methadone patients.

My biggest concern regarding this proposed change in the regulations is what effect it will have on the cost of treatment, as any additional cost incurred by providers is likely to be passed on to patients. Keep in mind that even among methadone patients who have health insurance, many insurance policies will not cover methadone maintenance, and of the insurance policies that will cover it, many only pay a small portion of the cost. Therefore, the majority of methadone patients pay most or all of the cost of treatment "out-of-pocket."


In the Detroit area, methadone treatment providers charge \$70-75 per week; the methadone clinic I go to just raised their price to \$75 per week. From talking to methadone patients on the internet, I learned that in many areas, the charges are higher than that—in some cases over \$100 per week. This is difficult, if not impossible for patients to afford.

If the proposed regulations are adopted [as-is], the cost for providers to comply with the regulations and receive accreditation is going to result in higher charges for patients. This will result in a hardship for patients, and will reduce treatment accessibility [contrary to proponents claims]. As bad as the current regulations are, I would rather maintain the existing regulations, than have to pay any more a week in clinic fees. I appreciate that I would qualify for more take-homes under the proposal, but I simply cannot afford to pay any more for treatment.

Please understand that I am not against the changes made in the proposed regulations in general. But I and many other patients will not be able to enjoy the benefits of these changes, because we will no longer be able to afford treatment; working class patients are struggling now and simply cannot afford an increase in clinic fees.

In conclusion, I approve of many of the changes made in the proposed regulations, but regulators need to understand that a reduction in treatment costs is what is really needed [and would increase treatment accessibility]; at the least, any change in the regulations should not increase the cost of treatment. If patients could go to a doctor's office and pick up medication from the pharmacy, treatment would be far cheaper (as is the case in "medical maintenance" programs).

Sincerely,



Lyle Marentette

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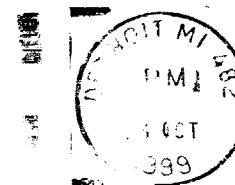
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